PHYSICIANS should state JRD. Every item of infor-

Exact statement of OCCUPA.

properly classified.

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	0	0	digge	3

1.	. PLAC	E OF D	EATH			(83)
	Count	ty GARR	ett			Registration Dist. No. 123
	Villag	e or City_N	ear Oakland	i, Md.	(A)	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length	of residence	in city or town where	death occurred 0		Qds. How long in U.S. if of foreign birth?yrsmosds.
2.	. FULL	. NAME	John C. B	lack		If U.S. Veteran specify WAR
			p.13 West Cl			St., Ward. Shamokin, Penna.  If nonresident give city or town and State
	PER	SONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	EX Male		olor or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 18,1935 (Month) (Day) (Year)
5a. 1	If married HUSBAN (or) WIF	, widowed, or ID of E of	divorced None			22. I HEREBY CERTIFY, That I attended deceased from August 18, 19 35, to August 19, 1935,
6. D	ATE OF	BIRTH (mont)	, day, and year) Au	g.30.1916		Hast saw him Aug. 19. 1935 19 death is said
7. A		Years	Months	Deys	If LESS than	to have occurred on the date sented anythmat 4:15 Ph. M.
		18	11	19	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	9. Indus 9. Indus W S 10. Date th you BIRTHPL (State	stry or busine ork was done AW MILL, BA deceased last is occupation ear)	one, as SPINNER, C.  KKEEPER, etc	11. Total t	time (years) ntin this 1 upation 4	Drowning, accidental.  A lost was not involved - Creek Lake, near  While summing in Deep Creek Lake, near  Oakland, Moogland, and when what theirty feet boom  the share, he sank rapidly in about thirty a five feet  Other Contributory Causes of Importance: of water.
FATHER			77.1			New of countries
FA		HPLACE (city State or count	UI (UMII)	J.W.11		Name of operation Date of What test confirmed diagnosis? Clinical was there an autopsy? No
IER	15. MAID	EN NAME	Unkn	own	′	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER		HPLACE (city State or coun		own		Accident, swicide, or hemicide? Accident Date of injury 19 Where did Injury occur? Lakeside Park, R.D., Oakland, Mi
	(Addr BURIAL, (	ess) ST	file, CCC anton, Md. or REMOVAL kin, Pa.		2366, J. 19. 19. 19. 35	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place.  Menner of injury Drowning; accidental, Nature of injury.
	UNDERTA (Addr		S.Boal, Westernpo	rt. Md.	attien Registrar.	24. Was disease or injury in any way related to occupation of deceased? No.  If so, specify  (Signed)  (Address)  (Address)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage	Date of onset 1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

B.—WRITE PL

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should state item of infor-

PHYSICIANS Exact statement

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	0	0	6	4

1. PLACE OF DEATH	(22a) 1116
Village or City Achident RD#2 Ind	Registration Dist. No. 124
(If	NoSt,Ward death occurred in a hospital or iostitution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
I TOLL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward.  ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (vortice the word)  White  Transmit	21. DATE OF DEATH  Conquest  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of Barah Brown (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) april 15, 1853	I last saw please elive on arguer = 9 19 1935; deeth is said
7. AGE Yaers Months Days If LESS than I day,hrs.	to heve occurred on the date stated ebove, at 9.32 A.m.
8 Trade profession or particular	wera as follows:  Bate of onsot any 30  1935
kind of work dona, as SPINNER, —faruur SAWYER, BDDKKEEPER, etc.  Industry or businass In which work was done, as SILK MILL, was Faruu SAW MILL, BANK, etc.	
10. Date daceased lest worked at this occupation (month and year) 20 spent in this occupation (month and year)	
12. BIRTHPLACE (city or town)  (State ar country)	Other Contributory Causes of importance: Arteriosclerosts
13. NAME Jacob Brown	1720
f4. BIRTOPLACE (city or town) (State or country)	Neme of operation Dete of
15. MAIDEN NAME of a deeth Schrich	23. If death was dua to external causes (VIOLENCE) fill In also tha following:
f6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Masshall Browns (Address) account 2000	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place/delerrors Budge Deterpt 1, 1935	Mannar of InjuryNatura of Injury
19. UNDERTAKER Waster Straye (Address) Frundwill mil	24. Was disease or injury In any way related to occupation of deceased?
20. FILED - Lept. 1, 19 35 a.g. Richter Registrar.	(Signed) (C. Wedrow M.D.  (Addrass) Frenchsville 2004

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	il	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECEINED	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	08825
County Larrell	Registration Dist. No. 16 8
Village or City Tear trasthing	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME Lana, Cutt	If U.S. Veteran specify WAR
(a) Residence: No. Sarrett Co	St., Ward.
(Usuat place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 8 /933 7. AGE Years Months Deys If LESS than	I last saw has alive on allowing 16 , 1933; death is said to have occurred on the date stated above, at 2:30 An.
2 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last workad at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:  Nama of oparation
(State or country)  17. INFORMANT Charles Cutter  (Addrass)  18. BURIAL, CREMATION, OR, REMOVAL  Place M / Lungil's Campate Cuty 18,19 35  19. UNDERTAKER Fayor Harfer  (Addrass)	Where did injury occur?  (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED CALL 1 -, 19.3 - Low Control Registrar.  If more blanks are needed, address State Registrar.	(Signed) M. D.  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	es Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week a,o
Chronic interstitial nephraid ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 6 1935	Juy5,1927	Peritonitis	3 days ago
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis //	1 year
		F-Algorithm (files	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	SIACE	LOIL	LOKITER	STATEMENTS	DI	PHISICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

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# IS A PERMANENT RE ARGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH UNFADING INK-THIS

STATE OF MARYLAND-CERTIFICATE OF DEATH

09224	
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	County	Garrett			Registration Dist. No. 172	
	Village or C		ark		NoSt	War
		700000000000000000000000000000000000000			f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
					ds. How long in U.S. if of foraign birth?yrsmo	sd
2	FULL NA	ME Still	born Er	vin		
	(a) Residen	ce: No			St., Ward.  If nonresident give city or town and	C
Athori	PERSON	IAL AND STATIS		ce of abode)	MEDICAL CERTIFICATE OF DEATH	State
3. S		4. COLOR OR RACE		ARRIED, WIDOWED,	21. DATE OF DEATH	
F	emale	White	OR DIVOR	CED (write tha word)	Aug. 31,	193 5
5a.	If marriad, widow	red, or divorcad			(Month) (Day)	(Yaar)
	HUSBAND of (or) WIFE of				22.     HEREBY CERTIFY, That   attended	daceased fro
					, to	, 19
-		(month, day, and year)	Aug. 31		I last saw h aliva on, 19, 19	; death is sa
7. A	.GE Yea	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
_				ormin.	wera as follows:	Date of onse
N	8. Trade, profession, or particular kind of work done, as SPINNER, / SAWYER, BOOKKEEPER, etc.				STILLBIRTH	
OCCUPATION	9. Industry or	9. Industry or business in which	SILLEDIKIK			
H I	work was done, as SILK MILL, SAW MILL, BANK, etc					
8	10. Date dacaas this occu	ad last workad et petion (month and	11. Tota	I time (years) pent in this coupation		
12.		ty or town) De 6			Other Contributory Causes of importance:	
EP.	13. NAME	C. W.	Ervin		_	
ATH	14 DIDTUDI ACC	(city or town)		ma.	Name of operation Date of	
E		country)			What tast confirmed diagnosis? Was there an a	
HER	15. MAIDEN NA	ME Bessi	e Paugh		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTH	16 RIRTHPLACE	(city or town)		mo.	Accident, suicide, or homicide? Date of injury	
žΙ		conutry)			Whera did injury occur?	
17.	INFORMANT				(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18.		TION, OR REMOVAL	1	0	Menner of injury	
	Pleca9	paul laughte	mitsy &	ept. 1 , 19 35	- Nature of Injury	
10	UNOERTAKER	Charles Co	wel (1)		24. Was disease or injury in any wey related to occupation of deceased?	
19.	(Address)	Deen	Park		If so, spacify	
	FILED	10		Sign	(Signad) SCO Colored	,M.
00					(Addrass) Kilymilly, M	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of Importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1 B

STATE OF	MARYL	AND-CERT	IFICATE	OF I	DEATH
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1	. PLACE UF	DEATH			(95-e)	
	County Ga	rrett			Registration Dist. No. 16	6 169
	Village Dr City	Deer Park	Marylar	id.	ND	Ward
	Length of residen	ce in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm	
						103
ľ		Isaac A				
	(a) Residence:	No. Deer Pa	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	I State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex 4.	COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August, 29, 1935 (Month) (Day)	., 193
	If married, widowed, HUSBAND of	or divorced				(Year)
	-(or)-WHFE-of- S	arah J. E:	rvin		22. I HEREBY CERTIFY, That I attended Aug., 28, 19 35 to Aug. 29	
			+ 70	3058	Aug, 28, 19 35, to Aug, 29.	, 19 35
	AGE Years	nth, day, and year) Oc Months	Days	1857	to have occurred on the date stated above, at 6 : 2 · m.	_; death Is said
1	70	רר		1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
-	8. Trede, profession	n, or particular	1 13	ormin.	were as follows: Chronic Myocorditis	Date of enset
01	kind of work SAWYER, BD	done, as SPINNER, ES	rmer			
OCCUPATION	9. Industry or busi					-
D C	SAW MILL, B		11 Total	time (years)		*
0	this occupation	on (month and	spe	ent in this		
12.	BIRTHPLACE (city or (State or country)	town Oakland	i, Mary	land.	Dther Contributary Causes of importance:	-
ER	13. NAMEISAA	c Allen E:	rvin			
FATH	14. BIRTHPLACE (cit	y or town) Frie	ndsville	e, Marylai	Name of operation Date of	-
-	(State or cou	ntry)			What test confirmed diegnosis? Was there en	
HER	15. MAIDEN NAME	Harriet En	nlow	*	23. If death was due to external causes (VIDL ENCE) fill in also the following	g:
MOTHER	16. BIRTHPLACE (cit (State or cou	y or town)HOy_( inlry)	es. Nary	land.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17.	INFORMANT J. H (Address)	. Foster	i.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) ACE.
18.	BURIAL, CREMATION Place Paug	, DR REMOVAL h Cemeter	Date Aug	31,1935	Manner of injury	
19.		ory Bolder		7	24. Was disease or injury In any way related to occupation of deceesed?	
20.	FILEDAUS, 3	0 ,19 35 /1	lin/	owan Registrar.	(Signed) A A Land 4	M. D.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis CONT OI 23	3 days ago
	Other contributory squees of importance	
May 1,1923	Gastroenteritis	1 year
•		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

# PERMANENT THIS UNFADING

state

plnods Jo

PHYSICIANS

1

carefully

plnous

B.

(Address)

item

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. N County Garell (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 10 statement If U.S. Veteran specify WAR (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 7 4. COLOR OR RACE OR DIVORCED (write the word) classified. 5a. If married, widowed, or divorced HUSBANO of 22. Thet I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or ..... min. Oata ol onsat Colon, Sigmoid 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... Caecum: obstruction, back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... peritonitis On 10. Oate deceesed lest worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_ instructions 12. BIRTHPLACE (city or town)\_ (State or country) supplied. FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diegnosis?\_ MOTHER very important. 15. MAIOEN NAME 23. If death was due to external ceuses (VIOLENCE) fill In elso the following: E Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur?\_\_\_\_\_ pe (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17, INFORMANT OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury IS CAUSE mation NOIL way related to occupation of deceased? 19. UNOERTAKER /

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis GFP 5 1989	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA. A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. UNFADING INK-THIS IS AGE should be mation should be carefully supplied. TION is very important. B.—WRITE PLA

V. S. No. 1

item of infor-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	8828
1. PLACE OF DEATH		9	6
County Yaw	-49	Registration Dist. No.	0
Village or City Carpan	of med MN	No. St.	Ward
Longth of maids are in the same		death occurred in a hospital or institution, give its NAME instead of street and nu	ımber)
Length of residence in citry or town where d	eath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME () 671 (14	- May True		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and S	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE  Seconds 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Carry 15	193
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d	eceased from
0	4 5.1	, 19, to	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	10 1934	I last saw h	death is said
	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
2 Trade explanation or particular	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	name		
9. Industry or business in which		Lesc	
work was done, as SILK MILL, SAW MILL, BANK, etc			
	11. Total time (years) spant in this		
yaar)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Logo Phening		
(State or country)	Tigana		
13. NAME  14. BIRTHPLACE (city or town)	Trusselo		
14. BIRTHPLACE (city or town)	econ the	Name of operation Date of	
(Stata or country)	ma	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	(Kens	23. If death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	444	Accident, suicide, or homicide? Data of injury	, 19
(Stata or country)	11	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Addrass)	and mil May	Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMOVAL	au 15 30	Manner of Injury	
Ptace	Date, 19	Nature of injury	
19. UNDERTAKER EMPLOY	oldp-	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Ophlan	- cf md	If so, specify	
20. FILED Weg /6, 1931 Jul	Registrar.	(Signed) Or	m.D.
VIf more l	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

ARROR

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car . C . A IN 30110	1 week ago
July 5, 1927	Peritonitis 175	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroen teritis	1 year
	1915 1921 July5,1927	of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street ear S  July5,1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

V. S. No. 1 B ż of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08829
1. PLACE OF DEATH	(3)
county Garret Co. M.	Registration Dist. No. 16
Village or City 1200 Ridge	No. St., Ward
1/ 1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Infant Guard	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	I last taw h alive on 17, 1935, to 19 ; death is seid to have occurred on the date stated above, et 9 10 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	Still-born, frematine
work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	Prolapse of until wal cord
13. NAME 7, 7 Suura	
13. NAME 7. 4. SURVEY  14. BIRTHPLACE (city or tewn) (Stele or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Evylyn grackey	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Evyliph Frekey  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT The Grand (Fa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Frague Ridge Date Chung 18, 185	Manner of Injury
19. UNDERTAKER STATEMENT CAN (Address)	24. Was disease or injury In any wey releted to occupetion of deceased?
Matter State	(Signed) Albert J. Sughan M. D.

Registrar. (Address) dende 1 09

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street var A 173218	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-		GOST G ABS	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

Exact statement of OCCUPA-

B ż CTATE OF MARYLAND CERTIFICATE OF DEATH 00000

STATE OF MARTLAND	CERTIFICATE OF DEATH 18830
1. PLACE OF DEATH	9200
County James 1	Registration Dist. No. 62
Village or City Trauloulle (If	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jaul & Jeugener	
(a) Residence: No. 432 Riskal Gwl. (Usualplace of abode)	St., Ward. Assistan Ollar V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale Asia Or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Click of works	22. I HEREBY CERTIFY. Thet I ettended daceased from
6. DATE OF BIRTH (month, day, and year) 1011-21/896	I last saw h a august on dead in feet 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:31 c.m.
38 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER LEWY. Law Mant	Darwing Occasion ang &
Kind of work done, as SPINNER.  SAWYER, BDOKKEEPER, atc.  Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased last workad et this occupation (month end	
D. Date daceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanca:
	Mease
13. NAME Alle (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sa Muger	23. If daath wes due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dets of injery Aug 8, 19.3.5.  Where did injury occur?
17. INFORMANT MI SO Which Sugarich (Address) 432 Ridge Lawon are Baurillan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Death Que to Natural Naure, Houghest Necessary
18 BURIAL CREMATION, OR REMOVAL Cab Place Design 12, 1935	Marmor of injury Justice of the Pear acting Coroner
19. UNDERTAKER Of Minter Legg	24. Was disaase or injury in any way ralated to occupation of deceased?
(Address) of vantsythete	If so, spacify
20. FILED Ang 9, 1935 ENERGISTRAT.	(Signed) M. D. (Addrass) M. D. (Addrass) M. D. (Addrass)

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cause of death and related causes were as follows:	Date of opent
	Date of Ollset
osy	1 week ago
eet car	1 week ago
	3 days ago
utory causes of importance:	
	1 year
DI	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BX	PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	0	0	1
U	0	9	3	L

1. PLACE O				93·C)	
County	Garrett			Registration Dist. No.	166
	city Oakland, idence in city or town where		(1	No. St death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	ward number) mosds.
2. FULL NA	ME Ada Pys	sell Kol	bfleisch		
	nce: No. Oaklan		land.	St., Ward.  If nonresident give city or tow	n and State
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Female	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August, 18, 19: (Month) (Day)	35 , <sub>193 (Year)</sub>
5a. if married, widov **HUSBAND of (or) WIFE of	andrew Kolbi	fleisch		22. I HEREBY CERTIFY. That I atte April. 1935, to May, 18	nded deceased from
6. DATE OF BIRTH	(month, day, and year) Ja	an, 24,	1867_	I last saw h. C.T. alive on Aug., 13, 19	35; death is said
7. AGE Yes 68		Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at \$2.30 Pm. W.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
8. Trade, profe kind of s	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	lousewif	è	Dropsey	
9. Industry or work wa	business in which s done, es SILK MILL, LL, BANK, etc	*****		Chronies propocarditis a Center	
- tilla occu	ed last worked et petion (month end	spe	time (years) ent in this upation	Duration 3 Shot stated.	
12. BIRTHPLACE (ci (State or cou	ty or town) McHenry	7. Maryl	and,	Other Contributory Causes of importance:	
₩ 13. NAME NO	ah Pysell				
	(city or town) Pent	2		Name of operation Date What test confirmed diagnosis? Was there	
15. MAIOEN NA	MELizzie Su	ter		23. If death was due to externel causes (VIOLENCE) fill in also the foil	
15. MAIOEN NA 16. BIRTHPLACE (State or	(city or town) Penr	1		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT AT	drew Kolbfi Oakland, Mo	leisch	***************************************	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE,
18. BURIAL, CREMAT	Wood, Cemet	teral Aug	,20, 1935	Manner of injury	
19. UNDERTAKER(Address)	mory D. Bolakland Md.		)	24. Was disease or injury in any way related to occupation of deceased if so, specify	
20. FILEDAUS	19, 135 kul	ia la	was S Registrar.	(Signed) (Address) Selection (Address)	9

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ccet 01-32	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PL

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	120
County Arect	Registration Dist. No. 167
Village or City Xxxx Xxx	No. St., War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. , How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME I HAPL STUTY	K
(a) Residence: No.7W. Merry lower lotter lot	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased fro
6 DATE OF BURTH (	I last saw harmalive on 3 - 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, and year) 5 - 10 - 17 3 L  7. AGE Years Months Days If LESS than	I last saw h alive on 193 ; death is sa
7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trada, profession, or particular	water as follows:  Date of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	harothern est
9. Industry or business in which	Just 1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	
Spaint in this	
year) occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) Tank	
(Stata or country)	
H 13. NAME CONTROLLED	
13. NAME UM TOTAL 14. BIRTHPLACE (city or town)	Nama of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
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(State of country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	
Place Thomas W/P Date 8-6 - 3	Manner of injury
1006	Nature of injury.
19. UNDERTAKER (Address) Thomas 21/24	24. Was disease or injury in any way related to occupation of deceasad?
C = 31-90 - 01 1/2	If so, specify (7)
20. FILED 8 - J. 1983 Elmer C. Shape	(Signed)
Régistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I VED	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

RD. Every item of infor-

V. S. No. 1

N. B.—WRITE PL.

	County Lawrett	Registration Dist. No. 16	1
		No. St., death occurred in a hospital or institution, give its NAME instead of street and many death occurred in a Norpital or institution, give its NAME instead of street and many death occurred in the street and many dea	
	Length of residence in city or town where deeth occurredyrs,mos.	us. now long in 0.3. H of foreign butth?yrsme	is
- 4	2. FULL NAME Barry brushermelts	O4 Ward	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23	193 5
5a.	If merried, widowed, or divorced	(Month) (Day)	(Yeer
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased
	B. # 23 d 1938	, to	, 19
-	DATE OF BIRTH (month, day, and year)	I last saw h, alive on, 19,	; death is
7. /	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	Still ton or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of o
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc.	Sullo -	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
OCCO	10. Date deceased last worked at this occupation (month and year)		
12.	BIRTHPLACE (city or town) Trendswille R. F	Other Contributary Causes of importance:	
ER	(Stete er country)  13. NAME Leslie Loudlymilk		
I	0 0		
FAT	14. BIRTHPLACE (city or town) (Slate or country)	Neme of operation	
-	(4) 10.0	What test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIDEN NAME FLORING G. Lecur	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
	(State or country) Maryland	Where did injury occur? (Specify city or town, county and State	.)
17.	INFORMANT Cadelle Joudennelle (Address) Inendeville Q. L. H.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Mes Blooming Rose Date aug 23, 19.3.5.	Nature of Injury	
19.	UNDERTAKER A A A A A A A A A A A A A A A A A A A	24. Was disease or Injury In any way releted to occupation of deceased?	
	FILED (lug 23, 1935 Learnettes Statle	(Signed) Was	1

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epidepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis (3113038)	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

D. Every item of infor-

should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	8834
1. PLACE OF DEATH	146	
County / Mmil. formatie	Registration Dist. No. 161	
	St.,  If death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrsmc	osds. How long in U.S.if of foreign birth?yrsmos.	ds.
2. FULL NAME Georgie J. Lower	lessiell	
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Si	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (surite the word)	21. DATE OF DEATH aug 26	193 5
5a. If married, widowed, ordivorced	(Montby (Day)	(Year)
(or) WIFE of lester Journals	22. Aug 29 CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, end year) Luly 20, 1900	I last saw war alive on ang 29 ,1935;	death is said
7. AGE Years Months Days If LESS than 1 day,hrs	I THE FRINCII AL CAUSE OF DEATH and related courses of importance	
ormin.	were as follows:	Date of onset
kind of work done, as SPINNER.  kind of work done, as SPINNER.  kind of work done as SPINNER.  kind of work done as SPINNER.  work was done as SILK MILL.	freefreat Convilsions	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked et this occupation (month and spant in this	fremalive Javor	
year) oc:upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	To be allered	
# 13. NAME GOTTE Petts How	at have a Comprement	
The state of the s	The state of the s	
14. BIRTHPLACE (city or town) 77 22 (State or country)	Neme of operation Date of Whet test confirmed diagnosis? Was there an eu'	onev?
15. MAIDEN NAME Blumake Lewis	23. If death was due to external causes (VIOLENCE) fill In eiso the following:	орзу :
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
State or country	Where did injury occur?	
17. INFORMANT Lestes Loudenelle	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Teller Thelepate dry 37, 100.	Neture of Injury	
19 UNDERTAKER A 2 Anna fre	24. Wes disease or injury in eny way related to occupation of deceased?	
(Address) Drivelo Sele 22	ort so, specify	
In our Aug 26 1035 Ceannette Stalle	(Signed)	M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis QFCFIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	li -		
BUREAU V. S.	10.00		
Other contributory causes of importance:	Appendix 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	The second second	and the state of t	-
hor	10 may 1 1 500 g	" Mark 1969 1 " Both S. Cod. No. 1968	14-11-

V. S. No. 1

Length of residence in city or town where doals occurred   December   Decem	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  No.  Langth of residence in city or town where dehth occurred  Day 1 (If death occurred in a horpital or institution, give its NAME intered of street and number?)  2. FULL NAME  (a) Residence: No.  Liumal place of a bede?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARKEED, WIDOWED.  OR PLOCKED Counts the wind of the property of town and State (North)  5a. If married, widowed, or divorced HUSSAND or County the wind of the property of the property of the wind of the property of the propert		(59)
Langth of residence in city or town where darba occurred. Bs. mos	Village or City Kernstor	No. St. War
(a) Residence: No.    Comparison   Compariso		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR GR RACE  5. SINGLE, MARKIED, WIDOWED  OR PLYORCE (curric he weld)  (Month)  (Month)	(a) Residence: No. herry way	
OR DIVORCED (write he wind)  So. If married, widowed, or divorced HISBAND (Month)  So. If married, widowed, or divorced HISBAND (Month)  (Month)  (Month)  (Month)  (Oay)  It less saw (Month)  (Item E B Y C E R T I F Y That I attended deceased HISBAND (or ) wife of the date steted above, et.  193 to 193 to 195 to have occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased I saw of the saw occurred on the date steted above, et.  Item E B Y C E R T I F Y That I attended deceased Interpretation of the saw occurred on the date steted above, et.  Item I say on the saw of the saw occurred on the date steted above, et.  Item I say on the saw of the saw of the saw of the saw occurred on the date steted above, et.  Item I say on the saw of the saw of the saw of the saw of the saw occurred on the date steted above, et.  Item I say on the saw of		
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Bays  If LESS than 1 day, min.  1 day, min.  SAWYER, BOUKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOUKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAM MILL, BAKK, etc.  12. BIRTHPLACE (city or town)  (State or country)  Was 11. Informant  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  19. Date of country occurred in the date steted above, et.  19. Date of a state of the date steted above, et.  19. Date of country of the date steted above, et.  19. Date of country of the date steted above, et.  19. Date of country of the date steted above, et.  10. Date of country of the date steted above, et.  11. The PRINCIPAL CAUSE OF DEATH and related causes of Importance of the date steted above, et.  10. Date of country of the date steted above, et.  11. The PRINCIPAL CAUSE OF DEATH and related causes of Importance on the date steted above, et.  11. The PRINCIPAL CAUSE OF DEATH and related causes of Importance on the date steted above, et.  11. The PRINCIPAL CAUSE OF DEATH and related causes of Importance on the date steted above, et.  12. BIRTHPLACE (city or town)  (State or country)  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Nature of injury in any way related to occupation of deceased?	OR DAYORCED (write the word)	5 - 6 - 1915
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date deceased last worked at this occupation (month and year)  Saw MILL, BAKK, etc. 10. Date deceased last worked at this occupation (State or country)  Way 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following: 17. INFORMANT  (Specify city or town, country and State)  Specify weither injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
Same of the principal causes of importance which was done as SILK MILL, SAW MILL, BANK, etc.   Same of the spent in this occupation (month and year)	6. DATE OF BIRTH (month, day, end year) 8-5-35	
3. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVA  Place Market or country and State)  18. BURIAL, CREMATION, OR REMOVA  Place Market or injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Other Contributory Causes of importance:	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Variature Berth
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CPEMATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  20. Other Coutributory Causes of importance:  Name of operation  Oate of  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Nature of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of deceased?	- Shout In this	Other Committee Comment in contract
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, country and State)  TO INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Oate  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  24. Was disease or injury In any way related to occupation of deceased?		Other Courses of Importance.
What test confirmed diagnosis? Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did injury occur?  (Specify city or town, country and State)  TO INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of deceased?	13. NAME Jee Edward Surgeria	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  A  A  A  A  A  A  A  A  A  A  A  A  A	(State of country)	Name of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  A A DUMBER A B A DUMB	15. MAIDEN NAME Martly Catherine Barry	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Onter the property of the pr	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Place Shaffer Land 6, 1580 Nature of injury  19. UNDERTAKER 9.3 - Dunke 22.  24. Was disease or injury In any way related to occupation of deceased?		(Specify city or town, county and State)
13. OHDERTARE	XI all Some Contraction of the Base	
20. FILEO (Signed) (Signed) (Address)	20. FILED 8 - 6, 1835 Elmes C. Shaff	(Signed) Award Sollang M

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	Example I	i	Example II	
The principal cause of of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SFP 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLA

ż

V. S. No. 1

Exact statement of OCCUPA-

D. Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

08836

1. PLACE OF DEATH		
County Larrett Co.	1	Registration Dist. No. 143
Village or City Baston ma	[-	No. St., War
Longth of antidones in the section when the state of the	1-2 1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	byrs. T. mos	sdds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Seorge Ifm.	magner	del
(a) Residence: No. Putsede (Usual place	Barton	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH
	RRIED, WIDOWED,	21. DATE OF DEATH
	ED (write the word)	lug- 2. 193 5
5a. If merried, widowed, or divorced	wer	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Z/	300 - 1	1 HEREBY CERTIFY, That I attended deceased from
Harriell munige	Magruse	July 2 4 1935, to aug 2 1933
6. DATE OF BIRTH (month, day, and year) may 9-18	7506	I last saw alive on 44 2 , 1935 ; death is sa
7. AGE Years Months Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 1.22
79 of 24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Chrome Sucusylial fine!
SAWYER, BOOKKEEPER, etc.		nestimes
work was done, as SILK MILL, Tarm SAW MILL, BANK, etc.		
10. Date deceased lest worked at this occupation (month and	time (years) ent in this	d:
3.7. m	d.	Other Cuntributury Causes of importance;
12. BIRTHPLACE (city or town) (State or country)		
13. NAME James Magri	deel	
<u> </u>	-	Name of operation Date of
4. BiRTHPLACE (city or town)	1.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Janes Barnas	id.	23. If death was due to externel courses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (bity or town) Barton	1	Accident, suicide, or homicide? Date of Injury19
State or country)	rd.	Where did injury occur?
17. INFORMANT ames Magnus	ei/	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	nd.	
18. BURIAL, CREMATION, OR REMOVAL	1 5	Manner of Injury
Place Mocord Mg. Date duy	2 1933	Nature of Injury
19. UNDERTAKER A.S. Boall		24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Barton	md	If so, specify
20. FILED ang of 1935 Drisely	Polliers	(Signed) M. M. Court M. M.
LU, I ILLU-	Registrar.	(Address) malau - ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		
Chronic interstitial nephralis			1 week ago	
Chronic interstituti nephrais	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. 5			1	
The state of the s				
Other contributory causes of importance:	- 00050	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

should state of OCCUPA.

PHYSICIANS

RD. Every item of infor-

TATE	OF	MADVI	AND	CEDTI	FICA	TE	OF	DE	TL
DIAIL	UF	MARYL	AND-	CERII	FICA	I E	UF	ULI	4 I F

no	(1	03	- 4
08	0	3	6

1. PLACE OF DEATH	(50)
Village or City Asher Glade,  (If  Length of residence in city or town where deeth occurred	Registration Dist. No
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (spile the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WiFE of Charles Reckart,  6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Years  Months  40  2  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW, Etc.  10. Date decessed lest worked at this occupation (month end yeer)  12. BIRTHPLACE (city or town)  (State or country)	(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attended deceased from  (Light Section 19.55), to (Light Section 19.35); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred on the date stated above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above, at (Light Section 19.55); deeth is said to have occurred above,
13. NAME JOSEPH TAYLOR,  14. BIRTHPLACE (city or town) W.Va, (State or country)	Name of operation
15. MAIDEN NAME Mallisa Dodge,  16. BIRTHPLACE (city or town) W. Va.  (State or country)  17. INFORMANT (Address) Markleysburg, Ta.	23. if death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece Asher Glade Date Aug 27 ,19 35	Manner of injury
19. UNDERTAKER Standonville, W.Va,	24. Was disease or injury in any way related to occupation of deceased? Roselfs of the control o
20. FILED alley 26, 1935 fearmette Statles Registrar.  If more blanks are needed address State Registrar.	(Signed) M. D. (Address) M. D. (Address) M. C. (Signed) M. D. (Address) M. C. (Signed) M. D. (Address) M. C. (

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		-001 5	:	
Other contributory causes of importance:		Other contributory causes of importance:	1,	
Gallstones	May 1,1923	Gastroenteritis 103	1 year	
		H		

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(	M)	
	-	

Every item of infor-OCCUPApluods BINDING D

FOR

RESERVED

state

statement Exact PERMANENT classified. certificate. properly Jo may back should that instructions supplied. in plain terms, See should be carefully important DEATH OF

1. PLACE OF DEATH County Garrett Village or City McHenry

Registration Dist. No. 166

No. \_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_\_St., \_\_\_St., \_\_St., \_\_\_St., \_\_St., \_\_St., \_\_St., \_\_St., \_\_St., \_\_St., \_\_\_St., \_\_St., \_\_St. Length of residence in city or town where death occurred \_\_\_\_\_\_\_\_rs.\_\_\_\_\_\_mos.\_\_\_\_\_ds. How long in U.S. if of foreign birth? \_\_\_\_\_\_\_yrs.\_\_\_\_\_\_mos.\_\_\_

2. FULL NAME Baby Girl Savage

(a) Residence: No. McHenry

were as follows:

Manner of Injury

Asphyxi

PERSONAL AND STATISTICAL PARTICULARS 3. SEX

7. AGE

OCCUPATION

Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)
Single 21. DATE OF DEATH August

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY. That I ettended deceesed from

1935 to Aug 21

(Oay)

5a. If married, widowed, or divorced HUSBANO of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 21, 1935

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Stillbirth 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_

or .... min.

If LESS than

1 day, ....hrs.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at this occupation (month and

Months

11. Total time (yeers) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) McHenry. (State or country)

Oscar Savage 13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME Flora A. Galbreath

Indiaha 16. BIRTHPLACE (city or town) (State or country)

Oscar Savage (Address) McHenry.

18. BURIAL, CREMATION, OR REMOVAL

PlaceGalbreathFarm. Date Aug. 22, 19 35

19. UNDERTAKER OSCAT Savage. (Address) MCHenry

12-Warn Registrar. 23. If death was due to external causes (VIOLENCE) fill in also the following: Where did injury occur?\_\_\_\_\_

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

CAUSE O

mation

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
OU TO SEALLY.	5.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1		1	

*	the Burkley of Stephen Addition	united to the second	4		
				6	
			, 1		

	CERTIFICATE OF DEATH 08839
1. PLACE OF DEATH	922
County Barrell	Registration Dist. No. 467
Village or City Dela Parke, Mac	NoSt.,War
Length of residence in city of town where death occurred	
2. FULL NAME Clara Catherine I	Jouderly
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
+ white Widoweld	(Month) (Oay) (Year)
5e. If married, widowed, or divorced, HUSBANO of (or) WHE of Martin Wouderles	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Grane 22, 1859	i last saw h alive on 19 death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:00 Q m.
76 1 21 1 day,hrs	the tallower.
8. Trade, profession, or particular	Oate of one
kind of work done, as SPINNEH oute wife	G Louis Dasmer Near
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Andre
kind of work done, as SPINNET or we will sawyer, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked et this occupation (month and 2 > 0	Found dead we lead
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or to toutesture & Wa.	
(State or country) Presson (70)	_
13. NAME Cidam Dur	
14. BIRTHPLACE (city or town) — Sermany (State or country)	Name of operation Date of
x Land	What test confirmed diagnosis?
(State or country)	Where did injury occur?
17, INFORMANT Mrs Ward Swith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Dew Parls, Md.	
18. BURIAL, CREMATION AT REMOVAL Date 8 - 20 1931	Manner of Injury
restant to War // Da	Neture of injury
19. UNDERTAKER Lesfers & deg thou	24. Was disease or injury In any way related to occupation of deceased?
(Address) Uct. Lake Parket, Plate	(Signed) N. J. Brown all M.
20. FILED 8 192 J Will on Registrar.	(Address) Oarland, ml
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 10 10 1005	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFALL V. S. I			0 0	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Date of onset

# STATE OF MARYLAND—CERTIFICATE OF DEATH

infor-OCCUPAplnods item Jo JRD. Every PHYSICIANS statement Exact PERMANENT CIL classified. × **E** certificate. properly INK-THIS RGIN RESERVED Jo may on that instructions UNFADING supplied plain terms, See carefully important. DEATH be PLA plnods very OF -WRITE (Z) CAUSE mation LION

FOR BINDING

1. PLACE OF DEATH County Garrett Registration Dist. No. 166 Village or City Loch Lynn, Waryland. No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. If of foreign birth? vrs mos. ds. 2. FULL NAME Nary Catherine Wrightsman (a) Residence: No. Loch Lynn Maryland .
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH August, 18, 1935,193 OR DIVORCED (write the word) Female White Vidowed 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE thlijah Wrightsman February 1935, to August, 18, 1935 Hast saw to X alive on August 17 1935; death is seld 6. DATE OF BIRTH (month, day, and year) June. 20, 1861 7. AGE Devs If LESS than 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 74 30 or\_\_\_\_min. Mitral Stenosis 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, HOUSEWILE 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... Congestive Cardiac Failure Lipomatosis 10. Date deceesed last worked at 11. Total time (years)
spent in this rteriosclerosis Thronic Tephritis Other Contributory Causes of Importance: this occupation (month and 1933 occupation .... Chaneyville, Penn 12. BIRTHPLACE (city or town) .... (State or country) Bedford FATHER 13. NAME Nichalas Walters Chanevville, Penn 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? ..... Was there an autopsy? ..... MOTHER 15. MAIDEN NAME Unknown 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_Date of injury\_\_\_\_\_\_\_\_19 16. BIRTHPLACE (city or town)\_ (State or country) Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT John Wrightsman (Address) Mt. Lake Park Marvla 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Pileasant Valley Date Aug. 20, 19 35 Nature of Injury injury in any way related to occupation of deceesed? 19. UNDERTAKERHerbert Co Leighton 24. Was disease of (Address) Lake If so, specify 20 FILED AUE, 17 19 3 Registrar. (Address

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
W 2.7		
	Other contributory causes of importance:	
My 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: